

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.D		4/22/99
O.I.P.E. CLASSIFIER		15	4/29/99
FORMALITY REVIEW		60874	6-5-99

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral) ... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	2/23/00
2	✓	✓	2/23/00
3	✓	✓	2/23/00
4	✓	✓	2/23/00
5	✓	✓	2/23/00
6	✓	✓	2/23/00
7	✓	✓	2/23/00
8	✓	✓	2/23/00
9	✓	✓	2/23/00
10	✓	✓	2/23/00
11	✓	✓	2/23/00
12	✓	✓	2/23/00
13	✓	✓	2/23/00
14	✓	✓	2/23/00
15	✓	✓	2/23/00
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17	✓	✓	2/23/00
18	✓	✓	2/23/00
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